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22581 U.S. PTO
 10/71409



MAIL STOP: PATENT APPLICATION
 Commissioner for Patents
 P.O. Box 1450
 ALEXANDRIA, VA 22313-1450

Express Mail No.: EL 992621042 US
Attorney Docket No.: 0492611-0526 (MIT 10181)
DATE FILED: NOVEMBER 18, 2003

UTILITY PATENT APPLICATION TRANSMITTAL
 (FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 C.F.R. § 1.53(B))

Dear Sir:

Please find enclosed a patent application and papers as follows for:

Inventor(s):

Given Name (first and middle)	Family Name or Surname	Residence (City and State or Foreign Country)
Harry	Lee	26 Hemenway Street Apt. 32 Boston, MA 02115

Title of the Invention: PERISTALTIC MIXING AND OXYGENATION SYSTEM

A) APPLICATION ELEMENTS:

1) **Fee Transmittal Form** (original and duplicate submitted for fee processing)

2) **Applicant Claims Small Entity Status** (see 37 CFR §1.27)

a) _____ Statement Verifying Small Entity Status

3) **Specification**

TOTAL PAGES: 44

- Descriptive Title of the Invention
- Related Applications
- Background of the Invention
- Brief Description of the Drawings
- Description of Certain Preferred Embodiments of the Invention
- Claim(s)
- Abstract of the Invention

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4) X **Drawing(s)** (35 U.S.C. § 113) TOTAL SHEETS: 19

a) Formal Drawings (if checked)

TOTAL PAGES 63

5) **Oath or Declaration**

a) Newly Executed (copy)

b) Copy from a prior application (37 C.F.R. § 1.63(d))-for continuation/divisional application

c) Unexecuted

6) **Application Data Sheet.** See 37 CFR 1.76.

7) **CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)**

8) **Nucleotide and/or Amino Acid Sequence Submission** (if applicable, all are necessary)

a) Computer Readable Form (CRF)

b) Specification Sequence Listing on:

i) CD-ROM or CR-R; or

ii) Paper

c) Statements verifying identity of above copies

d) Amendment Introducing Sequence Listing

B) ACCOMPANYING APPLICATION PARTS:

9) **Assignment Papers**

10) **37 C.F.R. § 3.73(b) Statement**

11) **Power of Attorney**

12) **English Translation Document** (if applicable)

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13) **Information Disclosure Statement (IDS)/PTO-1449**

14) **Copies of IDS Citations**

15) **Return Receipt Postcard (MPEP 503) (specifically itemized)**

16) **Certified Copy of Priority Document(s) (if foreign priority is claimed)**

17) **OTHER: (if applicable, specified below)**

C) FOR CONTINUING APPLICATIONS:

CONTINUATION **DIVISIONAL** **CONTINUATION-IN-PART (CIP)**

OF PRIOR APPLICATION NO: _____

FILED: _____

EXAMINER: _____

GROUP/ART UNIT: _____

FOR CONTINUATION OR DIVISIONAL APPLICATIONS ONLY: THE ENTIRE DISCLOSURE OF THE PRIOR APPLICATION, FROM WHICH AN OATH OR DECLARATION IS SUPPLIED AS DETAILED ABOVE, IS CONSIDERED A PART OF THE DISCLOSURE OF THE ACCOMPANYING CONTINUATION OR DIVISIONAL APPLICATION AND IS HEREBY INCORPORATED BY REFERENCE.

D.) PRIORITY CLAIM(S):

This application claims the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below:

Application Number	Filing Date	Status

PCT Applications designating the United States:

Application Number	Filing Date	Status

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This application claims the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Provisional Application(s):

Application Number	Filing Date	Status
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E) METHOD OF PAYMENT OF FILING FEES FOR THIS APPLICATION:

Applicant claims small entity status 37 CFR §1.27

A check is enclosed to partially cover the filing fees.

The Commissioner is hereby authorized to charge additional filing fees or credit any overpayment to Deposit Account Number 03-1721.

Basic Filing Fee (SMALL Entity) \$ _____

Additional Fees:

Total Number of Claims in excess of 20: (___ x \$9) \$ _____
Number of Independent Claims in excess of ___:(___ - 3) = ___ x 42 \$ _____
Multiple Dependent Claims (\$140): \$ _____

Total Filing Fee: \$ _____

F) CORRESPONDENCE ADDRESS:

Customer Bar Code Number: **24280**

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Respectfully Submitted,


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